

Send Request for Approval to: Mrs. Sandra Kita
Administrative Assistant

This application must be completed in its entirety.

COURSE APPROVAL CONTINUING EDUCATION

NAME OF COURSE OR SEMINAR: _____

1: Organization Sponsoring the Course: _____

2: Hours of Instruction: _____

3: Instructor(s): _____

4: Are instructors on CCE College postgraduate staff?
YES _____ NO _____

5: Include the educational background and vitae on each instructor.

6: Who is the attendance officer and method of certifying attendance:

_____ Attach Sample.

7: Give outline of material covered.

8: Location(s): _____

9: Date(s): _____

10: Is this seminar sponsored by, co-sponsored by, or presented under the
auspices of a CCE accredited college? (Circle **Yes** or **No**)

11: I hereby certify that all information listed above is correct. The
required enclosures are included.

Signature: _____

Title: _____

PROCESSING FEE ENCLOSED



Approved: _____

Disapproved: _____

Date: _____

- ❖ The Arkansas approval number must be on the certificate of attendance that is mailed to our office or to the doctor attending the seminar.

PLEASE ENCLOSE THE \$25.00 PROCESSING FEE!